



ALAMEDA RECREATION AND PARK DEPARTMENT

2226 Santa Clara Avenue, Alameda, 94501 - (510) 747-7529/FAX: (510) 523-4071

Online Registration: www.arpdeplay.com

TEEN ADVENTURE CAMPING AT CAMP CONCORD

**For Teens Who Will Complete
5th through 12th Grades as of June, 2012**

Spend time with ARPD Teen Adventure Camping in beautiful South Lake Tahoe at **"CAMP CONCORD"**. Join other local teens for a vacation you will never forget. The ARPD Adventure Teen Camping features a 5-day, 4-night program packed full of indoor and outdoor activities designed with you in mind.



DATES: Monday, August 20 to Friday, August 24, 2012

LEAVE TIME: Meet at the Veterans' Building, 2203 Central Ave, between 7:30 a.m. to 9:30 a.m. on Monday, August 20th. The bus will leave at 10:00 a.m. sharp! Don't be late!

RETURN TIME: We will return on Friday, August 24th at approximately 5:30 p.m. at the Veteran's Building

COST PER TEEN: \$510/\$540 if paid after Thursday, June 14, 2012

COST INCLUDES: Group Cabins, Communal Bathhouses, Eleven (11) Camp Meals, which includes a Special Luau Dinner at Pope Beach, Archery, Canoeing, Rafting, Hiking around the El Dorado National Forest, Water activities on Fallen Leaf Lake and so much more!

You may pay in two equal installments:

1st Payment Due: Thursday, June 14, 2012

2nd Payment Due: Thursday, July 26, 2012

Please note: Should you choose to register online, you must pay in full

A minimum amount of participants must be registered by June 28, 2012 to avoid program cancellation. No registrations taken after Thursday, August 9, 2012.

Any changes made to your original registration will be charged an automatic \$15 service charge. Additional fees may apply.

Due to vendor and reservation requirements, early withdrawals will be charged \$150. Refunds are subject to the approval of the ARPD Supervisor. Administrative fees will apply.

MANDATORY PARENT AND TEEN MEETING

Wednesday, August 1, 2012 - 6:00 p.m. to 7:00 p.m.

The Underground Teen Center - 2203 Central Ave, Room 120, Alameda

All participants will receive maps, campground information and other miscellaneous materials at this meeting.



- Teen Campers will be assigned to cabins by gender and age.
- You must provide your own bedding (sheets, pillows, etc.) and toiletries.
- There is no electricity in the cabins.
- All participants should be in good health.
- Campground is wheelchair accessible.
- Please do not bring electronic or sentimental items.
- ARPD is not responsible for teen's personal belongings.
- No pets allowed.
- Transportation is provided to and from CAMP CONCORD.

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Online Registration: www.arpdeplay.com**CLASS #10597**

2012 TEEN ADVENTURE CAMPING AT CAMP CONCORD

For Teens Who Will Complete 5th through 12th Grades as of June, 2012

Please complete and return form with payment (cash, checks made payable to ARPD, MasterCard or VISA) to the **Alameda Recreation and Park Department**, 2226 Santa Clara Avenue, Alameda, CA 94501. FAX registrations accepted with MasterCard/VISA: (510) 523-4071. Online registration available at: www.arpdeplay.com **SAVE YOUR RECEIPTS! THERE IS A \$5 SERVICE CHARGE PER RECEIPT TO REPRINT RECEIPTS.** ARPD reserves the right to cancel programs due to low enrollment. Alternate programs may not be available.

I give my Teen permission to participate in the TEEN ADVENTURE CAMPING TRIP TO CAMP CONCORD/SOUTH LAKE TAHOE sponsored by the Alameda Recreation and Park Department on Monday through Friday, August 20 to 24, 2012:

TEEN'S NAME: _____ BIRTHDATE: ____/____/____ AGE: ____ GRADE: ____ ☐ MALE ☐ FEMALE
ADDRESS: _____ CITY: _____ ZIP: _____ HOME PHONE: (____) _____
TEEN CELL PHONE: (____) _____ TEEN E-MAIL ADDRESS: _____

Please note: Registrations for children and teens requiring special attention are reviewed on a case-by-case basis with the Program Supervisor. Be sure to provide as much detail as possible, including any physical or emotional needs or medications involved. Recreation Department Staff do not receive specialized training for various special needs, but will work with individuals as appropriate to provide a positive experience.

ALLERGIES, MEDICAL PROBLEMS: _____

CURRENT MEDICATIONS: _____

MEDICAL RELEASE: I do hereby give permission for any certified emergency professional or health care professional to administer any type of medical treatment he/she deems necessary to the above child in case of an emergency and in the event that I cannot be contacted.

DOCTOR'S NAME _____ PHONE (____) _____

NAME OF INSURANCE _____ GROUP OR POLICY NUMBER _____

MOM/GUARDIAN NAME _____ ADDRESS (if different) _____

HOME PHONE (if different) (____) _____ WORK PHONE (____) _____ CELL PHONE (____) _____

MOM/GUARDIAN'S CURRENT E-MAIL ADDRESS: _____

DAD/GUARDIAN NAME _____ ADDRESS (if different) _____

HOME PHONE (if different) (____) _____ WORK PHONE (____) _____ CELL PHONE (____) _____

DAD/GUARDIAN'S CURRENT E-MAIL ADDRESS: _____

IN CASE OF EMERGENCY AND I CANNOT BE REACHED, PLEASE CONTACT: (I understand it is my responsibility to provide current contact information)

NAME: _____ RELATIONSHIP: _____ HOME/CELL/WORK PHONE: (____) _____

1. THE UNDERSIGNED HEREBY RELEASES, WAIVES AND DISCHARGES THE CITY OF ALAMEDA, its directors, officers, employees, agents, and independent contractors from all liability to the undersigned and/or his/her personal representatives, assignees, heirs, and next of kin for any loss or damage and any claim or demands accruing or resulting from injury to the person or property or death of the undersigned, whether or not caused by the negligence and/or property of the City of Alameda, its directors, officers, employees, agents, and independent contractors.
2. THE UNDERSIGNED HEREBY ASSUMES FULL RESPONSIBILITY FOR AND RISK OF BODILY INJURY, DEATH OR PROPERTY DAMAGE, whether or not it is due to the negligence of the City of Alameda, its directors, officers, employees, agents, and independent contractors or otherwise while in, upon or about the premises of the City of Alameda and/or while using the premises or facilities or equipment or program transportation thereon.
3. THE UNDERSIGNED HEREBY PERMITS the taking of photographs of themselves and/or the participant by the City of Alameda during recreation classes or activities to be used at the City's discretion.

THE UNDERSIGNED HAS READ AND VOLUNTARILY SIGNS THE RELEASE AND WAIVER OF LIABILITY AND INDEMNITY AGREEMENT, and further agrees that no oral representations, statements or inducement apart from the foregoing written agreement has been made.

PARENT/GUARDIAN SIGNATURE _____ DATE _____

CAMP CONCORD - 1ST PAYMENT DUE: THURSDAY, JUNE 14, 2012☐ 1ST INSTALLMENT OR ☐ FULL PAYMENT

☐ CASH ☐ MASTERCARD CARD NUMBER _____ - _____ - _____ EXP DATE _____
☐ CHECK ☐ VISA CARDHOLDER NAME _____

CAMP CONCORD - 2ND PAYMENT DUE: THURSDAY, JULY 26, 2012☐ 2ND INSTALLMENT

☐ CASH ☐ MASTERCARD CARD NUMBER _____ - _____ - _____ EXP DATE _____
☐ CHECK ☐ VISA CARDHOLDER NAME _____